

The Center for Community Solutions
Council On Older Persons

63d Annual Human Services Institute

White House Council On Aging: Recommended Resolutions

Social Security

WHEREAS, Social Security has proven to be an effective program, grounded in standards of fiscal solvency and fairness that provides America's workers and their families with income upon disability, retirement and death; and

WHEREAS, maintaining its solvency into the distant future could be accomplished by expanding Social Security participation to include newly hired public employees, eliminating the cap on which taxes are levied, gradually increasing the age at which full retirement benefits are paid and requiring S-corporations to pay taxes; now

THEREFORE, we urge the White House Conference on Aging to adopt the above strategies in order to insure the continued integrity and soundness of Social Security.

Medicare

WHEREAS, Medicare, the major health insurance program for people over age 65 and for many persons with disabilities, must confront the aging of the baby-boom generation, the decline in the number of workers per beneficiary and the continued rise in health care costs; and

WHEREAS, it is necessary to keep Medicare affordable and accessible for all beneficiaries (including affordable prescription drugs), to maintain fee for service options, to maintain Quimby (Qualified Medicare Beneficiary) and Slimby (Specified Low-income Medicare Beneficiary) for low-income beneficiaries and to insure equity in the delivery and payment for primary care; now

THEREFORE, we urge the White House Conference on Aging to recommend indexing premiums to the cost of living for Social Security benefits, to amend the Medicare Modernization Act in order to provide a full range of medications needed by beneficiaries, to provide medications at a rate no more than that for the most favorable bulk buyer and to provide prevention services.

Housing

WHEREAS, the overwhelmingly expressed preference of Americans to age in place in their homes and not in institutionalized facilities such as nursing homes has contributed to the growth of home and community-based services (HCBS) to enable aging in place at home as a lower cost, alternative long-term care model; and

WHEREAS, housing structures suitable for seniors continue to age in place and convert to alternative uses resulting in the supply of such structures seriously lagging the accelerating demand; now

THEREFORE, we urge the White House Conference on Aging to recommend expanding federal and Medicaid waiver programs to provide both safe and affordable housing, such as those programs funded through public/private partnerships by the Department of Housing and Urban Development, and supportive services to seniors aging in place in their homes; while continuing to enable highest quality care with increased efficiencies in nursing and assisted living facilities through initiatives like electronic medical record keeping.

Community Access

WHEREAS, older Americans and persons with disabilities are a valuable family and community resource for such important roles as teaching, mentoring and caregiving; and

WHEREAS, the failure to recognize older adults' need for adequate access to transportation, continuing education, socialization resources and freedom from fear of crime, injury and intimidation, has effectively disenfranchised them and denied them the sense of self-confidence and self-esteem that they so richly deserve, now

THEREFORE, we urge the White House Conference on Aging to recommend federal support for programs that improve and expand transportation, education and training, and recreation for older adults to optimize and leverage their value to their communities and thereby enhance their quality of life.

Work Force

WHEREAS, the quality of long-term care for older Americans depends fundamentally on the ability to recruit and train qualified and committed caregivers and to provide them with engaging career prospects, competitive wages and benefits, and attractive work lives; and

WHEREAS, the supply of nurses and other long-term care workers to provide care in both institutional and home and community care settings significantly lags proliferating demand due to unfavorable candidate perceptions based upon outdated, traditional staffing models, and lack of training; now

THEREFORE, we urge the White House Conference on Aging to recommend increased federal support for both training of long-term care workers at all levels and in all capacities, including physicians, nurses, social workers and paraprofessionals; and innovative compensation programs like flex-time to accommodate complex schedules and conflicting priorities.

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